

HOSPITAL REPORT[] NO 1999 PATIENT SERVICES REVENUE AND/OR PRIOR PERIOD
ADJUSTMENTS DURING THE CURRENT REPORTING MONTHNEW YORK STATE DEPARTMENT OF HEALTH
1999 PUBLIC GOODS POOL
HOSPITAL INPATIENT SERVICESREPORT OF 1999 PATIENT SERVICES REVENUE RECEIVED AND SURCHARGE OBLIGATIONS
FOR THE MONTH OF _____, _____

PROVIDER NAME _____ OPERATING CERTIFICATE # _____

WHOLE DOLLARS ONLY

A	B	C	D
DESCRIPTION	CURRENT MONTH	PRIOR PERIOD ADJUSTMENT	TOTAL (B PLUS C)
1. Total 1999 Net Patient Services Revenue Received, including surcharges (1)			
2. Less Non-Assessable Revenue:			
a. Payments Related to Medicare Eligible Beneficiaries			
b. Payments Related to FEHBA, Job Corps, CHAMPUS/TRICARE and VA Service			
c. Payments Received for Contracted Services Performed for Other Designated Providers			
d. Revenue Received from a Public Hospital Pursuant to an Affiliation Agreement Contract			
e. Revenue Received for Residential Health Care and Hospice Services			
f. Physician Practice or Faculty Practice Plan Revenue Based on Discrete Billings for Private Practicing Physician Services			
g. Payments Received Directly from the Public Goods Pool (included above in Line 1)			
h. Governmental Deficit Financing Grants			
i. Other			
3. Total Non-Assessable Revenue (Total 2)			
4. Total Assessable Revenue (Line 1 minus Line 3)			
5. Net Assessable Revenue Received from Direct Pay Payors:			
a. Medicaid, including HMO/PHSP			
b. Other 5.98% Payors			
c. All Other Direct Payors (8.18% Payors)			
6. Total Net Assessable Revenue Received from Direct Pay Payors (Total 5)			
7. Total Assessable Revenue Received from Non-Direct Pay Payors, including surcharges (Line 4 minus Line 6) <i>Breakdown on next page, Lines 8 through 12(b)</i>			

(1) Including recoveries received from 1999 accounts receivable previously written off as uncollectible.

**NEW YORK STATE DEPARTMENT OF HEALTH
1999 PUBLIC GOODS POOL
HOSPITAL INPATIENT SERVICES**

**REPORT OF 1999 PATIENT SERVICES REVENUE RECEIVED AND SURCHARGE OBLIGATIONS
FOR THE MONTH OF _____, _____**

PROVIDER NAME _____ OPERATING CERTIFICATE # _____

WHOLE DOLLARS ONLY

A	B	C	D	E
NON-DIRECT PAY PAYORS	TOTAL ASSESSABLE REVENUE <small>INCLUDING SURCHARGES</small>	SURCHARGE FACTOR	ASSESSABLE BASE (B DIVIDED BY C)	SURCHARGE PAYABLE (B MINUS D)
8. Medicaid-HMO/PHSP/ Non-Specified 5.98% Payors		1.0598		
9. Other 5.98% Payors		1.0598		
10. Self-Pay Uninsured and Patient/Secondary Payor Co-pay, Deductible or Coinsurance Amounts (where primary payor is a direct pay payor) (2)		1.0818		
11. Non-Specified 8.18% Payors		1.0818		
12. All Other Non-Direct Payors:				
a. Payor having a GME Liability (3)				
b. Payor not having a GME Liability		1.3218		

13. Total **1999** Assessable revenue, including
surcharges (Lines 8 through 12(b),
Column B)

14. Gross **1999** Surcharges Payable
(Lines 8 through 12(b), Column E)

15. Less: Administrative Fee -
2% of [Line 12(a), Column D plus Line 12(b), Column D]

16. Net **1999** Inpatient Surcharges Payable for the Month - (Line 14 minus Line 15) - carry forward to Page 4, Line 17 of the **1999** Hospital Outpatient Services Report

17. Co-pay or Deductible Patient Payments

(2) This amount would be net of the amount shown above on Line 17 as co-pay or deductible patient payments for which the patient's third-party payor has directly submitted surcharges.

(3) Fill in the appropriate surcharge factor to be calculated as follows:

1.3218 plus the GME regional surcharge factor from the chart below based on the region in which the hospital is located:

Region	GME Surcharge Factor
New York City	0.2494
Long Island	0.1269
Northern Metro	0.0851
Northeastern	0.0770
Utica/Watertown	0.0205
Central	0.0874
Rochester	0.1702
Western	0.0619

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PROVIDER NAME _____ OPERATING CERTIFICATE # _____

WHOLE DOLLARS ONLY

A	B	C	D
DESCRIPTION	CURRENT MONTH	PRIOR PERIOD ADJUSTMENT	TOTAL (B PLUS C)
1. Total 1999 Net Patient Services Revenue Received, including surcharges (1)			
2. Less Non-Assessable Revenue:			
a. Payments Related to Medicare Eligible Beneficiaries			
b. Payments Related to FEHBA, Job Corps, CHAMPUS/TRICARE and VA			
c. Payments Received for Contracted Services Performed for Other Designated Providers			
d. Revenue Received from a Public Hospital Pursuant to an Affiliation Agreement Contract			
e. Revenue Received for Hospice, Adult Day Care and Home Care Services			
f. Physician Practice or Faculty Practice Plan Revenue Based on Discrete Billings for Private Practicing Physician Services			
g. Revenue from Laboratory Specimens Drawn or Collected Outside New York State			
h. Payments Received Directly from the Public Goods Pool (included above in Line 1)			
i. Governmental Deficit Financing Grants			
j. Other			
3. Total Non-Assessable Revenue (Total 2)			
4. Total Assessable Revenue (Line 1 minus Line 3)			
5. Net Assessable Revenue Received from Direct Pay Payors:			
a. Medicaid, including HMO/PHSP			
b. Other 5.98% Payors			
c. All Other Direct Payors (8.18% Payors)			
6. Total Net Assessable Revenue Received from Direct Pay Payors (Total 5)			
7. Total Assessable Revenue Received from Non-Direct Pay Payors, including surcharges (Line 4 minus Line 6) <i>Breakdown on next page, Lines 8 through 12</i>			

(1) Including recoveries received from 1999 accounts receivable previously written off as uncollectible.

**NEW YORK STATE DEPARTMENT OF HEALTH
1999 PUBLIC GOODS POOL
HOSPITAL OUTPATIENT SERVICES**

REPORT OF 1999 PATIENT SERVICES REVENUE RECEIVED AND SURCHARGE OBLIGATIONS
FOR THE MONTH OF _____, _____

PROVIDER NAME _____ OPERATING CERTIFICATE # _____

WHOLE DOLLARS ONLY

A	B	C	D	E
NON-DIRECT PAY PAYOR	TOTAL ASSESSABLE REVENUE <small>INCLUDING SURCHARGES</small>	SURCHARGE FACTOR	ASSESSABLE BASE (B DIVIDED BY C)	SURCHARGE PAYABLE (B MINUS D)
8 Medicaid-HMO/PHSP/ Non-Specified 5.98% Payors		1.0598		
9. Other 5.98% Payors		1.0598		
10. Self-Pay Uninsured, and Patient/Secondary Payor Co-Pay, Deductible or Coinsurance Amounts (where the primary payor is a direct pay payor) (2)		1.0818		
11. Non-Specified 8.18% Payors		1.0818		
12. All Other Non-Direct Payors		1.3218		

13. Total **1999** Assessable Revenue, including
surcharges (Lines 8 through 12, Column B) _____

14. Gross **1999** Surcharges Payable
(Lines 8 through 12, Column E) _____

15. Less: Administrative Fee - (2% of Line 12, Column D) _____

16. Net **1999** Surcharges Payable for the Month for Hospital Outpatient Services
(Line 14 minus Line 15) _____

17. Net **1999** Surcharges Payable for the Month for Hospital Inpatient Services (from Page 2, Line 16 of the 1999
Hospital Inpatient Services Report) _____

18. Total **1999** Public Goods Liability - (Line 16 plus Line 17) (carry this amount forward to the Summary Page) _____

19. Co-pay or Deductible Patient Payments _____

(2) This amount would be net of the amount shown above on Line 19 as co-pay or deductible patient payments for which the patient's third-party payor has directly submitted surcharges.